



U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

FORM

MA-10000(L) (10-27-2008)

2008 ANNUAL SURVEY OF MANUFACTURES

OMB No. 0607-0449: Approval Expires 10/31/2011

Mail your completed form to:
U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47132-0001

Please read the accompanying instructions before answering the questions.

Need help or have questions about filling out this form?

Visit our Web site at
www.census.gov/econhelp

Call:

- OR -

Write to the address above.
Include your 11-digit Census File Number (CFN) printed in the mailing address.

**INFORMATION COPY
DO NOT USE TO REPORT**

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ink.
- Please center numbers in their respective boxes. Examples:
- Do not use pencil.
- Do not put slashes through 0 or 7.
- Place an "X" inside the box.
- Complete only the unshaded portion of each item.



0 1 2 3 4 5 6 7 8 9

The reporting unit for this form is an **establishment** which is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

1 EMPLOYER IDENTIFICATION NUMBER

Are the last 5 digits of the Employer Identification Number (EIN) shown in the mailing address the same as the last 5 digits of the EIN used for this establishment on its latest 2008 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 ☐ Yes - Go to 2

0022 ☐ No - Enter current EIN (9 digits) →

0025

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2 PHYSICAL LOCATION

A. Is this establishment's physical location the same as shown in the mailing address?
(P.O. Box and rural route addresses are not physical locations.)

0031 ☐ Yes - Go to line B

0032 ☐ No - Enter physical location →

0035 Number and street

0036 City, town, village, etc.

0037 State

0038 ZIP Code

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B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?
(Mark "X" only ONE box.)

0041 ☐ Yes

0042 ☐ No

0043 ☐ No legal boundaries

0044 ☐ Do not know

C. In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)

0046 ☐ City, village, or borough

0047 ☐ Town or township

0048 ☐ Other

0024 ☐ Do not know

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

3 OPERATIONAL STATUS

Which of the following best describes this establishment's operational status at the end of 2008?
(Mark "X" only ONE box.)

- 0011 ☐ In operation
- 0016 ☐ Under construction, development, or exploration
- 0013 ☐ Temporarily or seasonally inactive

- 0014 ☐ Ceased operation - Give date at right —————→
- 0015 ☐ Sold or leased to another operator - Give date at right AND
enter name and address of new owner or operator and
Employer Identification Number (EIN) below ↴

0018	Month	Day	Year

0060 Name of new owner or operator		0061 EIN (9 digits)	
0062 Mailing address (Number and street, P.O. Box, etc.)			
0063 City, town, village, etc.		0064 State	0065 ZIP Code

4 MONTHS IN OPERATION

Mark "X" if None

2008 Number

Number of months in operation during 2008 (If none, mark "X" and go to 30.) 0002 ☐

**HOW TO
REPORT
DOLLAR
FIGURES**

Dollar figures should be **rounded to thousands** of dollars.

If a figure is **\$1,025,628.79**:

Report —————→

Mark "X" if None

If a value is "0" (or less than \$500.00):

Report —————→

2008		
\$ Bil.	Mil.	Thou.
	1	0 2 6

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Mark "X" if None

A. Total value of products shipped and other receipts
(Report detail in 2.) 0100 ☐

B. Value of products exported (This is a breakout of the value reported on line A.)

Report the value of products shipped for export. Include shipments to customers in the Panama Canal Zone, the Commonwealth of Puerto Rico, and U.S. possessions, as well as the value of products shipped to exporters or other wholesalers for export. Also, include the value of products sold to the U.S. Government to be shipped to foreign governments. Exclude products shipped for further manufacture, assembly, or fabrication in the United States. 0130 ☐

C. Shipments to other domestic plants of your company for further assembly, fabrication, or manufacture

1. Is this the only establishment of this firm?

0907 ☐ Yes - Go to 6

0908 ☐ No - Go to line C2

2. Market value of products shipped to other domestic plants of your company for further assembly, fabrication, or manufacture (This is a breakout of the value reported on line A.) 0905 ☐

2008			2007
\$ Bil.	Mil.	Thou.	\$ Thou.

CONTINUE ON NEXT PAGE

10000024

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

6 E-SHIPMENTS

A. Did this plant use any electronic network to control or coordinate the flow of any of the shipments of goods reported in **5**, line A? Or, were the orders for any of the shipments reported in **5**, line A received over an electronic network?

Electronic networks include:

- Electronic Data Interchange (EDI)
- E-mail
- Internet
- Extranet
- Other online systems

0181 ☐ Yes - Go to line B0182 ☐ No - Go to **7**

B. Percent of total reported in **5**, line A that were ordered, or whose movement was controlled or coordinated over electronic networks (Report whole percents. Estimates are acceptable.)

0109

2008		2007	
Percent		Percent	
<input type="text"/>	%	<input type="text"/>	%

7 EMPLOYMENT AND PAYROLL**Include:**

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in **1**.

Exclude:

- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Temporary staffing obtained from a staffing service.

For further clarification, see information sheet(s).

A. Number of employees**1. Number of production workers for pay periods including:**

- a. March 12 0325 ☐
- b. June 12 0324 ☐
- c. September 12 0344 ☐
- d. December 12 0347 ☐

2. Add lines A1a through A1d0329 ☐**3. Average annual production workers (Divide line 2 by 4 - omit fractions.)**0335 ☐**4. All other employees for pay period including March 12**0336 ☐**5. TOTAL (Add lines A3 and A4)**0337 ☐

Mark "X" if None

2008			2007
Number			Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Payroll before deductions (Exclude employer's cost for fringe benefits.)**1. Annual payroll**

- a. Production workers 0304 ☐
- b. All other employees 0305 ☐
- c. **TOTAL (Add lines B1a and B1b)** 0300 ☐

2. First quarter payroll (January-March 2008)0310 ☐

Mark "X" if None

2008			2007
\$ Bil.	Mil.	Thou.	\$ Thou.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Number of hours worked by production workers (Annual hours worked by production workers reported on lines A1a through A1d.)0200 ☐

Mark "X" if None

2008	2007
Hours	Hours
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

CONTINUE WITH **7** ON PAGE 4

CONTINUE ON NEXT PAGE

10000032

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

9 VALUE OF INVENTORIES

A. Did this establishment own inventories, regardless of where held, at the end of 2008 and/or 2007?

0488 ☐ Yes - Go to line B

0489 ☐ No - Go to **13**

B. Report inventories owned by this establishment as of December 31 before Last-in, First-out (LIFO) adjustment (if any)

1. Finished goods 0461 ☐

2. Work-in-process 0463 ☐

3. Materials, supplies, fuels, etc.. . . 0462 ☐

4. Total inventories (Add lines B1 through B3) 0460 ☐

5. LIFO reserve (if any) 0466 ☐

6. Total inventories after LIFO adjustment (Line B4 minus line B5) 0490 ☐

Mark "X" if None

End of 2008		
\$ Bil.	Mil.	Thou.

Mark "X" if None

End of 2007		
\$ Bil.	Mil.	Thou.

0471 ☐

0473 ☐

0472 ☐

0470 ☐

0476 ☐

0492 ☐

10 INVENTORIES BY VALUATION METHOD


Report how much of the inventory reported in **9**, line B4 is subject to the following valuation methods.

A. LIFO valuation method before adjustment 0465 ☐

B. First-in, First-out (FIFO) 0498 ☐

C. Average cost 0502 ☐

D. Standard cost 0506 ☐

E. Other valuation method - Specify method 

0895

0487 ☐

F. TOTAL (Add lines A through E. Total should equal **9**, line B4.) 0510 ☐

Mark "X" if None

End of 2008		
\$ Bil.	Mil.	Thou.

Mark "X" if None

End of 2007		
\$ Bil.	Mil.	Thou.

0475 ☐

0496 ☐

0500 ☐

0504 ☐

0485 ☐

0508 ☐

11 INVENTORIES OUTSIDE OF THE UNITED STATES

A. Of the total inventories reported in **9**, line B4 were any stored or en route OUTSIDE the 50 U.S. states and the District of Columbia?

0256 ☐ Yes - Go to line B

0257 ☐ No - Go to **13**

B. Report the total value of these inventories (**Do not report** inventory held in Foreign Trade Zones or in bonded warehouses in the U.S.) (Please see www.ita.doc.gov/TD/industry/OTEA/trade_data_basics.html for more detailed definitions.) 0261 ☐

Mark "X" if None

End of 2008		
\$ Bil.	Mil.	Thou.

Mark "X" if None

End of 2007		
\$ Bil.	Mil.	Thou.

0260 ☐

12 Not Applicable.

CONTINUE ON NEXT PAGE

10000057

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

13 CAPITAL EXPENDITURES

(Refer to the instructions on how to report leasing arrangements.)

A. Capital expenditures for new and used depreciable assets in 2008

Mark "X" if None

1. Capital expenditures for new and used buildings and other structures (Exclude land.) 0525 ☐

2. Capital expenditures for new and used machinery and equipment 0530 ☐

3. **TOTAL** (Add lines A1 and A2) 0520 ☐

B. Breakdown of expenditures for new and used machinery and equipment by type (Reported on line A2.)

1. Automobiles, trucks, etc., for highway use 0522 ☐

2. Computers and peripheral data processing equipment 0523 ☐

3. All other expenditures for machinery and equipment 0524 ☐

4. **TOTAL** (Add lines B1 through B3) 0529 ☐

2008			2007
\$ Bil.	Mil.	Thou.	\$ Thou.

14 RENTAL PAYMENTS

(Exclude capital leases (leases with a contract to own at the end of the lease).)

Mark "X" if None

A. Rental or lease of buildings, job-site trailers, and other structures (Include land.) 0551 ☐

B. Rental or lease of construction equipment and tools, machinery, office equipment, furniture, and vehicles 0552 ☐

C. **TOTAL** (Add lines A and B) 0550 ☐

2008			2007
\$ Bil.	Mil.	Thou.	\$ Thou.

15 Not Applicable.

10000065



If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

16 SELECTED EXPENSES AND DEPRECIATION**A.** Selected production related costsMark "X"
if None

1. Cost of materials, parts, containers, packaging, etc. used 0421 ☐
2. Cost of products bought and sold without further processing (Report sales in 2.) 0426 ☐
3. Cost of purchased fuels consumed for heat, power, or the generation of electricity 0430 ☐
4. Cost of purchased electricity (Report quantity on line C1.) 0425 ☐
5. Cost of work done for you by others on your materials 0424 ☐
6. **TOTAL** (Add lines A1 through A5) 0420 ☐

2008			2007
\$ Bil.	Mil.	Thou.	\$ Thou.

Mark "X"
if None

- B.** Depreciation charges for all capital equipment 0540 ☐

2008			2007
\$ Bil.	Mil.	Thou.	\$ Thou.

C. Quantity of ElectricityMark "X"
if None

1. Purchased electricity (Quantity corresponding to cost reported on line A4.) 0436 ☐
2. Generated electricity (Gross less generating station use.) 0437 ☐
3. Electricity sold or transferred to other establishments (Include on lines C1 or C2.) 0438 ☐

2008			2007
Kilowatthours			Kilowatthours
Bil.	Mil.	Thou.	Thou.

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10000073

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

16 SELECTED EXPENSES AND DEPRECIATION - Continued

D. Other operating expenses paid by this establishment
(Include expenses normally considered as non-production related costs and purchased from other companies)

Mark "X"
if None

- | | | 2008 | | | 2007 |
|------------------|---|---------|------|-------|----------|
| | | \$ Bil. | Mil. | Thou. | \$ Thou. |
| 1. | Temporary staff and leased employee expense - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. (Include all charges for payroll, benefits and services.) | | | | |
| | 0176 <input type="checkbox"/> | | | | |
| 2. | Expensed computer hardware and related equipment - Include costs for purchased computer hardware and supplies that is expensed. Exclude capitalized computer hardware expenses, which are to be reported in items 13A2 and 13B2. | | | | |
| | 0403 <input type="checkbox"/> | | | | |
| 3. | Expensed purchases of software - Purchases of prepackaged, custom coded or vendor customized software. (Include software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software; and maintenance fees related to software upgrades and alterations.) Exclude capitalized computer software costs. Exclude costs associated with computer software developed within your own company. | | | | |
| | 0188 <input type="checkbox"/> | | | | |
| 4. | Data processing and other purchased computer services (Include computer facilities management services, computer input preparation, data storage, computer time rental, optical scanning services, and other computer-related advice and services, including training. Exclude expensed integrated systems, repair and maintenance of computer equipment, payroll processing and credit card transaction fees, and expenses for telecommunication services (e.g., Internet, connectivity, telephone)) | | | | |
| | 0198 <input type="checkbox"/> | | | | |
| 5. | Purchased communication services - Telephone, cellular, and fax services; computer-related communications (e.g., Internet, connectivity, online) and other wired and wireless communication services. | | | | |
| | 0427 <input type="checkbox"/> | | | | |
| 6. | Purchased repairs and maintenance to buildings and/or machinery and equipment (Exclude materials, parts, and supplies used for repairs and maintenance performed by this firm's employees.) | | | | |
| | 0401 <input type="checkbox"/> | | | | |
| 7. | Water, sewer, refuse removal, and other utility payments (Include the costs of hazardous waste removal.) | | | | |
| | 0407 <input type="checkbox"/> | | | | |
| 8. | Purchased advertising and promotional services (Include marketing and public relations services.) | | | | |
| | 0409 <input type="checkbox"/> | | | | |
| 9. | Purchased professional and technical services (Include management consulting, accounting, auditing, bookkeeping, legal, actuarial, payroll processing, architectural, engineering, and other professional services. Exclude salaries paid to your own employees for these services.) | | | | |
| | 0217 <input type="checkbox"/> | | | | |
| 10. | Governmental taxes and license fees - Payments to government agencies for taxes and licenses. (Include business and property taxes. Exclude income taxes.) | | | | |
| | 0405 <input type="checkbox"/> | | | | |
| 11. | All other operating expenses - All other operating expenses not reported elsewhere. (Exclude purchases of merchandise for resale and nonoperating expenses.) - Specify | | | | |
| | 0417 <input type="checkbox"/> | | | | |
| 12. TOTAL | (Add lines D1 through D11.) | | | | |
| | 0422 <input type="checkbox"/> | | | | |

17-21 Not Applicable.

CONTINUE ON NEXT PAGE

10000081

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

If you cannot locate the description of any products that you produce, please enter a description of your products in column (a) and enter their value in column (c). If additional lines are needed please use the "REMARKS" section. Report separately for each major kind of product. Include the value of products exported and interplant transfers in the appropriate product line(s). They should also be reported separately in 5.

An asterisk (*) at the end of a description denotes a comparability with products collected on a Current Industrial Report (CIR) questionnaire. To determine the applicable CIR, go to <http://www.census.gov/mcd/asm/prodclasscomp.html> to view the CIR Product Class Comparability page. For item code references, see paragraph on "Comparability" in Part C of the respective CIR instruction manual.

Enter TOTAL value of shipments under code 7700000.

Products and services (a)	Product Class code (b)	Products shipped and other receipts, including interplant transfers and exports			
		2008 (c)			2007 (d)
		\$ Bil.	Mil.	Thou.	\$ Thou.
	018				
	026				
	034				
	042				
	059				
	067				
	075				
	083				
	091				
	109				

10000099



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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

23-29 Not Applicable.

REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.)

30 CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

☐ Yes

☐ No - Enter time period covered →

FROM

Month

Year

TO

Month

Year

Name of person to contact regarding this report

Title

Telephone

Area code

Number

Extension

Fax

Area code

Number

Internet e-mail address

Date completed

Month

Day

Year

Thank you for completing your 2008 ANNUAL SURVEY OF MANUFACTURES form.

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

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